



General Assembly

February Session, 2004

**Raised Bill No. 566**

LCO No. 2283

\*02283 \_\_\_\_\_ PH\_\*

Referred to Committee on Public Health

Introduced by:  
(PH)

***AN ACT CONCERNING THE QUALITY OF HEALTH CARE.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-127n of the general statutes, as amended by  
2 section 123 of public act 03-278, is repealed and the following is  
3 substituted in lieu thereof (*Effective July 1, 2004*):

4 (a) For purposes of this section, an "adverse event" means [an injury  
5 that was caused by or is associated with medical management and that  
6 results in death or measurable disability. Such events shall also include  
7 those sentinel events for which remediation plans are required by the  
8 Joint Commission on the Accreditation of Healthcare Organizations]  
9 any event that is identified on the National Quality Forum's List of  
10 Serious Reportable Events as of January 1, 2004, or on a list compiled  
11 by the Commissioner of Public Health and added to the regulations  
12 adopted pursuant to subsection (d) of this section.

13 [(b) Adverse events shall be classified into the following categories:

14 (1) "Class A adverse event" means an event that has resulted in or is  
15 associated with a patient's death or the immediate danger of death;

16 (2) "Class B adverse event" means an event that has resulted in or is  
17 associated with a patient's serious injury or disability or the immediate  
18 danger of serious injury or disability;

19 (3) "Class C adverse event" means an event that has resulted in or is  
20 associated with the physical or sexual abuse of a patient; and

21 (4) "Class D adverse event" means an adverse event that is not  
22 reported under subdivisions (1) to (3), inclusive, of this subsection.]

23 [(c)] (b) On and after October 1, 2002, a hospital or outpatient  
24 surgical facility shall report adverse events to the Department of Public  
25 Health [on Class A, B and C adverse events] as follows: (1) [A verbal  
26 report shall be made not later than twenty-four hours after the adverse  
27 event occurred; (2) a] A written report shall be submitted not later than  
28 [seventy-two hours] seven days after the adverse event occurred; and  
29 [(3)] (2) a corrective action plan shall be filed not later than seven days  
30 after the adverse event occurred.

31 [(d)] A hospital or outpatient surgical facility shall report to the  
32 Department of Public Health on Class D adverse events on a quarterly  
33 basis. Such reports shall include corrective action plans.]

34 (c) For purposes of this subsection and subsection [(c)] (b) of this  
35 section, "corrective action plan" means a plan that implements  
36 strategies that reduce the risk of similar events occurring in the future.  
37 Said plan shall measure the effectiveness of such strategies by  
38 addressing the implementation, oversight and time lines of such  
39 strategies. Failure to implement a corrective action plan may result in  
40 disciplinary action by the Commissioner of Public Health, pursuant to  
41 section 19a-494.

42 [(e)] (d) The Commissioner of Public Health shall adopt regulations,  
43 in accordance with chapter 54, to carry out the provisions of this  
44 section. Such regulations shall include, but shall not be limited to, a list  
45 of adverse events that are in addition to those contained in the

46 National Quality Forum's List of Serious Reportable Events as of  
47 January 1, 2004, a prescribed form for the reporting of adverse events  
48 pursuant to subsections [(c) and (d)] (b) and (c) of this section. The  
49 commissioner may require the use of said form prior to the adoption of  
50 said regulations.

51 [(f)] (e) On or before March first annually, the commissioner shall  
52 report, in accordance with the provisions of section 11-4a, on adverse  
53 event reporting, to the joint standing committee of the General  
54 Assembly having cognizance of matters relating to public health.

55 [(g)] (f) Information collected pursuant to this section shall not be  
56 [required to be] disclosed pursuant to subsection (a) of section 1-210, as  
57 amended, [for a period of six months from the date of submission of  
58 the written report required pursuant to subsection (c) of this section  
59 and] at any time, and information collected pursuant to this section  
60 shall not be subject to subpoena or discovery or introduced into  
61 evidence in any judicial or administrative proceeding except as  
62 otherwise specifically provided by law. Nothing in this section shall be  
63 construed to limit access to or disclosure of investigative files  
64 maintained by the Department of Public Health as otherwise provided  
65 by law.

66 (g) If the Department of Public Health determines that it will initiate  
67 an investigation of an adverse event that has been reported, such  
68 investigation shall include review by one or more practitioners with  
69 clinical expertise of the type involved in the reported adverse event.

70 Sec. 2. (NEW) (*Effective July 1, 2004*) (a) For purposes of this section:

71 (1) "Patient safety organization" means any public or private  
72 organization, or component of any such organization, whose primary  
73 activity is to improve patient safety and the quality of health care  
74 delivery for patients receiving care through the collection, aggregation,  
75 analysis or processing of medical or health care-related information  
76 submitted to it by health care providers; and

77 (2) "Patient safety work product" means any information,  
78 documentation or communication, including, but not limited to,  
79 reports, records, memoranda, peer review, analysis, statements, root  
80 cause analyses, protocols or policies that (A) a health care provider or  
81 health care institution prepares for the purpose of disclosing to a  
82 patient safety organization, (B) is created by a patient safety  
83 organization, or (C) contains the deliberations or analytical process of a  
84 patient safety organization or between a patient safety organization  
85 and health care providers participating in the evaluation of patient  
86 care.

87 (b) (1) Any private or public organization or a component of any  
88 private or public organization may apply to the Department of Public  
89 Health to be designated as a patient safety organization.

90 (2) The department may designate as a patient safety organization  
91 each applicant that (A) has a mission statement indicating its primary  
92 purpose is to conduct activities to improve patient safety, (B) has  
93 qualified staff and professionals capable of reviewing and producing  
94 patient safety work product, (C) is not a component of a health insurer  
95 or other entity that provides health insurance to individuals or group  
96 health plans, and (D) certifies that its mission does not create a conflict  
97 of interest with the health care providers who will submit patient  
98 safety work product to it or, if the applicant is a component of an  
99 organization, the mission does not create a conflict of interest within its  
100 own organization.

101 (c) A health care provider or institution shall enter into a written  
102 contract with each patient safety organization to which it sends patient  
103 work safety product.

104 (d) A patient safety organization shall, as appropriate, disseminate  
105 to health care providers information or recommendations, including  
106 suggested policies, procedures or protocols, on best medical practices  
107 or potential system changes designed to improve patient safety and  
108 the overall quality of care.

109 (e) A patient safety organization shall have in place appropriate  
110 safeguards and security measures to ensure the technical integrity and  
111 physical safety of any patient safety work product. All patient safety  
112 work product shall be confidential and shall be used solely for the  
113 purposes of improving patient safety and quality of care. Patient  
114 safety work product shall not be subject to discovery and shall not be  
115 admissible as evidence in any action in any court or before any  
116 tribunal, board, agency or person, nor shall it be exhibited or its  
117 contents disclosed in any way, in whole or in part, by any officer or  
118 representative of the Department of Public Health or any organization,  
119 entity or person working as, or jointly with, a patient safety  
120 organization, except as may be necessary to carry out the functions of  
121 the patient safety organization.

122 Sec. 3. (NEW) (*Effective from passage*) (a) There is established a  
123 committee on cardiac care improvement reporting to develop a data  
124 collection system or to utilize an existing data collection system on  
125 cardiac care outcomes, and to compile and report on the findings. The  
126 committee shall collaborate with the Department of Public Health and  
127 the Office of Health Care Access to improve the accessibility and  
128 appropriate use of cardiac care information, while maintaining  
129 confidentiality and safeguarding the privacy of individual patients and  
130 physicians. The committee shall: (1) Evaluate and recommend risk-  
131 adjustment methodologies for application in a state-wide health  
132 information system for the purpose of making state-wide comparisons  
133 of expenditures for cardiac care, utilization trends, volume and risk-  
134 adjusted outcome measure; (2) evaluate and recommend models for  
135 performance evaluation that may provide comparative population-  
136 based information on cardiac services, including payments received,  
137 provider quality and service effectiveness, volume, risk-adjusted  
138 outcome measures, inpatient and outpatient service charges and  
139 incidence rates for cardiac procedures, but that will not include  
140 physician-specific data; and (3) identify and recommend further steps  
141 that need to be taken to (A) compile comparative data on cardiac care  
142 outcomes, and (B) implement clinical improvements indicated by the

143 data collected.

144 (b) The committee shall consist of the following members:

145 (1) One cardiologist, one representative from a hospital and one  
146 representative of labor appointed by the speaker of the House of  
147 Representatives;

148 (2) One cardiologist, one representative from a hospital and one  
149 representative of labor appointed by the president pro tempore of the  
150 Senate;

151 (3) One cardiovascular surgeon and one representative of the  
152 business community appointed by the majority leader of the House of  
153 Representatives;

154 (4) One cardiovascular surgeon and one representative of the  
155 business community appointed by the majority leader of the Senate;

156 (5) Two consumer representatives appointed by the minority leader  
157 of the House of Representatives;

158 (6) Two representatives of the insurance industry appointed by the  
159 minority leader of the Senate;

160 (7) One representative of an organization that collects and  
161 disseminates health information appointed by the Governor;

162 (8) The Commissioner of Public Health, or the commissioner's  
163 designee; and

164 (9) The Commissioner of Health Care Access, or the commissioner's  
165 designee.

166 (c) All appointments to the committee shall be made no later than  
167 thirty days after the effective date of this section. Any vacancy shall be  
168 filled by the appointing authority.

169 (d) The Commissioners of Public Health and Health Care Access  
170 shall be the chairpersons of the task force, and shall schedule the first  
171 meeting of the task force, which shall be held no later than sixty days  
172 after the effective date of this section.

173 (e) The administrative staff of the Office of Health Care Access shall  
174 serve as administrative staff of the committee.

175 (g) Not later than January 1, 2005, and annually thereafter, the  
176 committee shall submit a report on its findings and recommendations  
177 to the joint standing committee of the General Assembly having  
178 cognizance of matters relating to public health, in accordance with the  
179 provisions of section 11-4a of the general statutes.

This act shall take effect as follows:	
Section 1	<i>July 1, 2004</i>
Sec. 2	<i>July 1, 2004</i>
Sec. 3	<i>from passage</i>

**Statement of Purpose:**

To conform the definition of adverse events to national standards, to change certain reporting requirements, to require practitioner review as part of an investigation, to establish patient safety organizations, and to create a committee on cardiac care improvement to work toward a system of collection of cardiac care data, evaluation of the data, and use of the data to improve cardiac care.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*